



PATENT

Attorney Docket No.: 708-A01-007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re Appln. of: Harold Richardson Crews Group Art Unit: 1641

Appln. No.: 09/766,372

Examiner: Nelson C. YANG

Filed: January 19, 2001

For: MULTI-PURPOSE REAGENT SYSTEM AND METHOD FOR ENUMERATION  
OF RED BLOOD CELLS, WHITE BLOOD CELLS AND THROMBOCYTES AND  
DIFFERENTIAL DETERMINATION OF WHITE BLOOD CELLS

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application number::	09/766,372	RECEIVED
Filing Date::	January 19, 2001	MAR 01 2004
Application type::	REGULAR	
Subject Matter::		
Suggested classification::		
Suggested Group Art Unit::	1641	
CD-ROM or CD-R?::		
Number of CD disks::		
Number of copies of CDs::		
Sequence submission?::		
Computer Readable Form (CRF)?::		
Number of copies of CRF::		
Title line one::	MULTI-PURPOSE REAGENT SYSTEM AND	
Title line two::	METHOD FOR ENUMERATION OF RED BLOOD	
Title line three::	CELLS, WHITE BLOOD CELLS AND	
Title line four::	THROMBOCYTES AND DIFFERENTIAL	
Title line five::	DETERMINATION OF WHITE BLOOD CELLS	

**Attorney Docket Number::** 708-A01-007  
**Request for Early Publication?::**  
**Request for Non-Publication?::**  
**Suggested Drawing Figure::** FIGURE 1  
**Total Drawing Sheets::**  
**Small Entity?::**  
**Latin name::**  
**Variety denomination name::**  
**Petition included?::**  
**Petition Type::**  
**Licensed US Govt. Agency::**  
**Contract or Grant Numbers::**  
**Secrecy Order in Parent Appl.?::**

#### **APPLICANT INFORMATION**

**Applicant Authority Type::** INVENTOR  
**Primary Citizenship::** US  
**Country::** US  
**Status::** FULL CAPACITY  
**Given Name::** HAROLD  
**Middle Name::** RICHARDSON  
**Family name::** CREWS  
**Name Suffix::**  
**City of Residence::** CORAL SPRINGS  
**State or Province**  
**Of Residence::** FLORIDA  
**Country of Residence::** US  
**Street of mailing address::** 12640 MAGNOLIA COURT  
**City of mailing address::** CORAL SPRINGS  
**State or Province of**  
**Mailing address::** FLORIDA

**Country of mailing  
address::** US  
**Postal or Zip Code  
of mailing address::** 33071

**APPLICANT INFORMATION**

**Applicant Authority Type::** INVENTOR  
**Primary Citizenship::** US  
**Country::** US  
**Status::** FULL CAPACITY  
**Given Name::** JAMES  
**Middle Name::** HARRISON  
**Family name::** CARTER II  
**Name Suffix::**  
**City of Residence::** PLANTATION  
**State or Province**  
**Of Residence::** FLORIDA  
**Country of Residence::** US  
**Street of mailing address::** 12221 SOUTHWEST TARA DRIVE  
**City of mailing address::** PLANTATION  
**State or Province of**  
**Mailing address::** FLORIDA  
**Country of mailing  
address::** US  
**Postal or Zip Code  
of mailing address::** 33325

**APPLICANT INFORMATION**

**Applicant Authority Type::** INVENTOR  
**Primary Citizenship::** US  
**Country::** US

**Status::** FULL CAPACITY  
**Given Name::** MICHAEL  
**Middle Name::** NORMAN  
**Family name::** ELLIOT  
**Name Suffix::**  
**City of Residence::** FORT LAUDERDALE  
**State or Province**  
**Of Residence::** FLORIDA  
**Country of Residence::** US  
**Street of mailing address::**  
**City of mailing address::**  
**State or Province of**  
**Mailing address::** FLORIDA  
**Country of mailing**  
**address::** US  
**Postal or Zip Code**  
**of mailing address::** 33330

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#### **CORRESPONDENCE INFORMATION**

##### **Correspondence Customer**

**Number::** 27317  
**Name::** MARTIN FLEIT  
**Street of mailing address::** 601 BRICKELL KEY DRIVE, SUITE 404  
**City of mailing address::** MIAMI  
**State or Province of mailing**  
**address::** FLORIDA  
**Country of mailing address::** USA  
**Postal or Zip Code of mailing**  
**address::** 33131

**Phone number::** 305-416-4490  
**Fax Number::** 305-416-4489  
**E-Mail address::** MFLEIT@FOCUSONIP.COM

#### REPRESENTATIVE INFORMATION

**Representative customer number::** 27317

<b>Representative Designation::</b>	<b>Registration Number::</b>	<b>Representative Name::</b>
Primary	16,900	Martin Fleit
Associate	30,648	Robert C. Kain
Associate	37,333	Jon A. Gibbons
Associate	35,171	Jose Gutman
Associate	40,917	Stephen C. Bongini
Associate	43,500	Paul D. Bianco

#### DOMESTIC PRIORITY INFORMATION

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	Continuation-in-Part	09/405,547	September 24, 1999

#### FOREIGN PRIORITY INFORMATION

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

#### ASSIGNMENT INFORMATION

**Assignee name::** CLINICAL DIAGNOSTIC SOLUTIONS, INC.  
**Street of mailing** 1660 NW 65<sup>th</sup> Avenue, Suite 2  
**Address::**  
**City of mailing address::** Plantation  
**State or Province of**  
**Mailing address::** FLORIDA  
**Country of mailing**  
**address::** US  
**Postal or Zip Code**  
**Of mailing address::** 33313